



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Thomas Pfeil, Jr., MD

Respondent Name

Arch Insurance Company

MFDR Tracking Number

M4-15-0461-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

October 2, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The following bill was audited and paid incorrectly. TDI-DWC addresses Maximum Medical Improvement (MMI) Evaluations with Rule 134.204 (J)..."

Amount in Dispute: \$450.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The bill in question was escalated and the review has been finalized. Our bill audit company has determined no further payment is due. Please see below for rationale pricing.

DOS: 1/6/2014

99456/W5.WP.RM \$950.00

\$350 (W5) + \$300 (first body area treated) + \$300 (two additional areas treated)

Provider is billing 6 UOS

Per TX guidelines: <http://www.tdi.texas.gov/wc/rules/documents/wcrules.pdf>

(C) For musculoskeletal body areas, the examining doctor may bill for a maximum of three body areas.

(i) Musculoskeletal body areas are defined as follows:

(I) spine and pelvis;

(II) upper extremities and hands; and,

(III) lower extremities (including feet).

(ii) The MAR for musculoskeletal body area shall be as follows.

(I) \$150 for each body area if the Diagnosis Related Estimates (DRE) method found in the AMA Guides 4th edition is used.

(II) If full physical evaluation, with range of motion, is performed:

(-a-) \$300 for the first musculoskeletal body area; and

(-b-) \$150 for each additional musculoskeletal body area.

Bill is priced correct."

Response Submitted by: Gallagher Bassett, 6404 International Pkwy, Ste. 2300, Plano, TX 75093

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 6, 2014	Designated Doctor Examination	\$450.00	\$300.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.204 sets out the procedures for billing and reimbursement of Designated Doctor Examinations.
3. 28 Texas Administrative Code §133.240 defines the required elements for an explanation of benefits.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
 - W1 – Workers Compensation State Fee Schedule Adjustment.
 - P1 – Code is not explained as required by 28 Texas Administrative Code §133.240 (f)(17)(H)
 - Billing Message – This bill is a reconsideration of a previously reviewed bill. Allowance amounts do not reflect previous payments.

Issues

1. What is the correct MAR for the disputed services?
2. Is the requestor entitled to additional reimbursement?

Findings

1. This dispute involves a Designated Doctor Impairment Rating (IR) evaluation, with reimbursement subject to the provisions of 28 Texas Administrative Code §134.204(j)(4), which states that "(C) For musculoskeletal body areas, the examining doctor may bill for a maximum of three body areas. (i) Musculoskeletal body areas are defined as follows: (I) **spine** and pelvis; (II) **upper extremities** and hands; and, (III) **lower extremities** (including feet). (ii) The MAR for musculoskeletal body areas shall be as follows... (II) If full physical evaluation, with range of motion, is performed: (-a-) **\$300 for the first musculoskeletal body area**; and (-b-) **\$150 for each additional musculoskeletal body area**. (D) ... (i) Non-musculoskeletal body areas are defined as follows: (I) **body systems**; (II) **body structures** (including skin); and, (III) mental and behavioral disorders. (ii) For a complete list of body system and body structure non-musculoskeletal body areas, refer to the appropriate AMA Guides... (v) **The MAR for the assignment of an IR in a non-musculoskeletal body area shall be \$150**" [emphasis added].

Review of the submitted documentation finds that the requestor performed impairment rating evaluations of the cervical spine; bilateral wrists; left knee; nose, face, and teeth; and a closed head injury. The insurance carrier's position statement indicates that they are only considering musculoskeletal ratings. However, the AMA Guides to the Evaluation of Permanent Impairment (fourth edition) places the head in the Neurological Systems category. For this reason, the head is considered a body system in the non-musculoskeletal category. The nose, face, and teeth are in the ENT and Related Structures category and are thus considered a body structure in the non-musculoskeletal category.

Therefore, the correct MAR for the disputed services is \$1250.00. See the table below for a detailed analysis.

Examination	§134.204 Category	Reimbursement Amount
Maximum Medical Improvement		\$350.00
IR: Cervical spine (with ROM)	Spine & Pelvis	\$300.00
IR: Rt wrist (with ROM)	Upper Extremities	\$150.00
IR: Lt wrist (with ROM)		
IR: Lt knee (with ROM)	Lower Extremities	\$150.00
IR: Head (cerebral concussion)	Body systems	\$150.00
IR: Nose	Body Structures	\$150.00
IR: Face		
IR: Teeth		
Total MMI		\$350.00
Total IR		\$900.00
Total Exam		\$1,250.00

2. Review of the submitted documentation finds that the allowable reimbursement for the designated doctor examination is \$1250.00. The insurance carrier reimbursed \$950.00. The requestor is entitled to an additional reimbursement of \$300.00.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$300.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$300.00 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

_____	<u>Laurie Garnes</u>	<u>January 14, 2015</u>
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.